Questions from ICD-10 Training on September 3, 2015

1. When looking at the current book for ICD10 mapping we don't have a chapter 21? *Cynthia with LHO instructed them to order a new book or go on the Medicare website for the most current version.*

2. Will we still use the TB codes for a TB skin test? *Cynthia with LHO stated she will have to talk to the TB program folks to get them an answer.*

3. When entering a PEF will they have to enter all the ICD10 codes into CDP? *Yes*

4. Will we have a copy of the codes? *LHO has created an ICD9/ICD10 crosswalk spreadsheet that is available on the LHO website.*

5. When comparing ICD9 to ICD10 codes the descriptions are different, how do providers know which one to pick as primary so that they get paid? *Cynthia with LHO stated the provider would need to choose the most appropriate ICD-10 code.*

6. Currently most people use Function Code 6 on bridge/gui to pull up the encounter entry screen, will there be a new one for entering the encounter on the ICD10 screens? *During the training Kevin stated that they could set up a shortcut. But after further investigation, it is not possible for users to create/change shortcuts.*

7. If a user does not enter a diagnosis indicator on a CPT code will the system automatically default to the primary ICD-10? *Yes*

8. Is it possible to keep an ICD-10 code from being sent when the claim is billed? *Yes, simply put a zero in the billing order field next to the ICD-10 code.*

9. Will they get an error if they try to bill an encounter with a DOS past Oct 1st on the old ICD9 PEF entry screen? *Currently the system will allow this function but we are putting in an edit that will give them an error in the future.*

10. Does the CMS 1500 form still have an issue with requiring the providers billing address? *No, that was fixed earlier this month.*

11. Does the Clerk have to enter a diagnosis indicator for each CPT code? *If the CPT code requires an ICD-10 code you must. If the CPT code does not require an ICD-10 code, and no diagnosis indicator is entered, the CPT code will default to the primary diagnosis code. This will work the same as the encounter entry screen works if an ICD-9 code is not entered for a CPT code.*

12. How will we know what CPT codes we will be paid for? *This depends on the service provided per Cynthia with LHO.*

13. 61610 ICD9 when plugged into the translator has 4 different ICD10 codes that go with it, how will we know which one to use? *Cynthia with LHO stated the provider would need to choose the most appropriate ICD-10 code, for the reason of the visit.*

14. If you don't put anything in the primary indicator field will you get a warning message? *Yes*

15. If an encounter should have been entered as an ICD-10 but is entered as an ICD-9 encounter, how do we correct. *If the mistake is caught the same day that the encounter is entered, you will delete the PEF, and re-enter. This is also true for the vice versa scenario, entered as an ICD-10 encounter and should have been entered as an ICD-9 encounter. You do not have to re-register the patient.*

16. When working with an encounter that has two pages, is it possible to toggle back and forth from the two pages? *No.*

17. Can the primary ICD-10 Indicator be corrected on the CPOD or CMS1500 screens? *No, if the primary indicator is incorrect, it has to be corrected through encounter history.*